

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/980381

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					1
2		1				
3		1				
4		1				
5		1				
6		1				
7		2				
8		2				
9		2				
10		2				
11	1					
12		1				
13		1				
14		1				
15	1					
16		2				
17		2				
18	1					
19	1					
20	1					
21	1					
22	1					
23	1					
24	1					
25	1					
26	1					
27		9				
28		9				
29		9				
30		9				
31		9				
32		9				
33		9				
34		9				
35		9				
36		9				
37		2				
38		1				
39		2				
40	1					
41		1				
42		1				
43		1				
44	1					
45	1					
46		1				
47	1					
48		1				
49	1					
50		1				
TOTAL	15	↓	↓	↓	↓	↓
TOTAL						
TOTAL						
TOTAL						

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1										
52		1										
53		1										
54		1										
55		1										
56												
57												
58												
59												
60												
61												
62												
63												
64												
65												
66												
67												
68												
69												
70												
71												
72												
73												
74												
75												
76												
77												
78												
79												
80												
81												
82												
83												
84												
85												
86												
87												
88												
89												
90												
91												
92												
93												
94												
95												
96												
97												
98												
99												
100												
TOTAL		↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
TOTAL												
TOTAL												
TOTAL												